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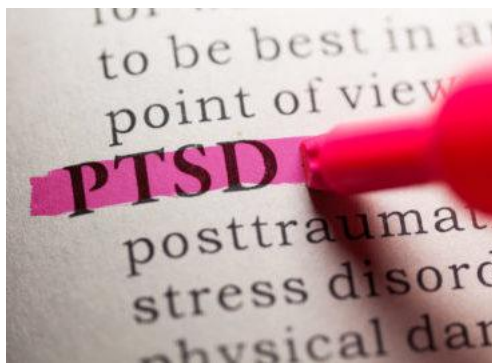
Voices in the Dark: The Voices of Telecommunicators with PTSD

APCO International • February 13, 2020 • Industry
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By Matt Berg

During my research phase for my article titled "PTSD and the Telecommunicator," published in the March-April issue of PSC magazine, I interviewed many 9-1-1 professionals who are living with PTSD. Listening to them was stressful in and of itself, but one of the things I found most heart breaking was listening to and reading responses to some of my questions and feeling the sense of loss, shame, guilt, fear and mistrust this diagnosis can breed. Being in a 9-1-1 leadership position now for eight years and being a training officer for four years prior to that I have personally seen so many that I now believe may have been suffering from either PTSD or from PTSD like symptoms.



Fake Dictionary, definition of the word PTSD.

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I wonder how many who left could have been retained had they simply sought medical assistance. According to Dr. Michelle Lilly "the rate of PTSD across telecommunicators is somewhere between 18-24%, as this percentage of individuals report enough symptoms of PTSD that they would likely receive a diagnosis if they were seen by a psychologist and were formally evaluated." (For more, see this [article \(https://iaedjournal.org/ptsd-in-911-communications-qa/\)](https://iaedjournal.org/ptsd-in-911-communications-qa/)).

With that, I would like to share some direct quotes from those I interviewed to facilitate understanding and make sure others don't go through the same difficulties. I have edited them for clarity, spelling and grammar, but they are otherwise straight from the sources. Telecommunicators are known for being a judgmental bunch, but your coworkers (between one in four or five of them, according to Dr. Lilly) would like you to know these things.

E says if you feel you may be experiencing PTSD – Talk to someone, anyone, everyone. Make noise, throw a full on 4-year-old tantrum until someone will listen to you. They may not know what to say, or how to say it, but they should be able to find resources for you. They (your supervisor — and I am one) are supposed to HELP you. I may not be able to help someone with his or her specific mental health crisis, but I will find someone who can. Someone or something. Books, articles, classes, counselors, peer groups, something. As a supervisor, I won't stop until I can find something to help that telecommunicator, and I won't shut up until someone can find something to help me.

BJ talking about how long it took her to be diagnosed – Years for me. Took me a long time to admit it to myself. There is such a bad stigma and PTSD seems to be such a bad word. Took me awhile to set my pride aside and do something. Extreme depression made me go finally. I cried at everything. Emotions were just out of control.

BJ continuing about her work situation and dealing with coworkers – The ones who have PTSD support me but not the others. The ones who aren't there yet or who don't understand do not support me at all. Many even said they don't believe it. I know four of us have PTSD, believe probably two more after a recent large incident that either have PTSD or are developing it.

(This accounts for 30-50% of her center staff.)

TechR on seeking assistance with PTSD – Most agencies around the country, even those somewhat enlightened, have no safe, secure and private way to address stress, anger or emotional issues. Going through a supervisor or manager creates its own stress and often means diminished work opportunities. Possibly even demotion or termination. This happens regardless of the safeguards put in place. My past experience says stay away from HR; they are in place to protect the organization — not the employee. If your agency has a "help-line" or other off-the-record method of making inquiries this would be the place to go. Outside "help-lines" tend to be crisis intervention focused and while very good if you are nearing an out-of-control stage they do not seem to be very efficient at early stages. I see having a secure place to turn to as a major issue across the board for mental-health related issues. This is for the entire population, not just telecommunicators.

Russell on how he was diagnosed – I was working an overtime shift and we received word that a robbery occurred in the city next to us involving a pursuit. It ended up coming into our area so our responders were assisting. I was on the radio while this was going down. At one point some units got out ahead of the suspects and spiked them, leading to them bailing out of the vehicle and initiating a shootout with officers. We knew there were two suspects, so when EMS was requested for three we knew there was an issue. We didn't find out until later that it was someone from another agency. I requested time off to go to the funeral and was told no, I had to work that day instead. I had a scheduled medical procedure shortly after all of this went down, and realized upon my return to work I had an issue. I relieved someone so they could use the restroom and immediately had a vehicle failing to stop and panicked and froze. I sought counseling on my own after that.

Amanda Christian on her road with PTSD – I've been open with team members and other Telecommunicator staff about my mental illness. Doing so I have had several Telecommunicators come up to me in private and ask what my coping skills are, or show gratitude that they aren't alone with whatever they are struggling with. One occasion I counseled a TC to help her struggle with figuring out if this job is something that is right for her. This particular person suffered from Borderline Personality Disorder, which has some triggers that she needed help with. In the famous words of a Hair Club for Men commercial, "I'm not just the president of the PTSD club, I'm also a client!" My current mental health qualifications are: I currently hold a Certificate in Mental Health Aid, Critical Stress

Management, and I'm a mental health counselor for Crisis Text Line with a certificate from them as well. I wrote two proposals for my agency for adopting the NENA Standard on 9-1-1 Acute/Traumatic and Chronic Stress Management and implementing a Certified Peer Support Program. The more people don't judge based on a coworkers mental illness and help erase the stigma that surrounds it the better. That would be a big start to helping others. It will help allow others to become open, talking about their struggles, which will help us help them through a mental health crisis. Our environment in dispatch is highly stressful. I speak about being open, what better way to prove that than sharing my name and agency. My name is Amanda Christian with the Fayetteville Police Department in Fayetteville, North Carolina. I am 9-1-1.

Justice Young from Island PD shares – I noticed different triggers for me: on Night shift 1800-0600 I had insomnia from my heart constantly racing, but on Days 0600-1800 I had the incessant cacophony of the dispatch center with all the different alarms affecting me. I am passionate about Telecommunicator mental health because of the terrible turnover at my center (and I assume other centers as well).

Kris Perkins who dispatched for Lincoln, Nebraska, and Aurora, Colorado (yes, that Aurora from "The Dark Knight Rises" Batman movie theater shooting) shares this about the approach 911 ECC's should take toward PTSD – As a dispatcher we need to not only watch out for ourselves but for each other. If you notice a coworker showing signs of PTSD check in with them or go to a supervisor to get them help. As supervisors/managers/directors, it's important to not treat a dispatcher with PTSD as if they are a "problem." Not everyone has the coping skills to get through the really rough calls, and even those that do will still have calls that hit them particularly hard. Be sensitive to this, and make sure you have protocols in place to help keep your dispatchers mentally healthy.

Louise Artimovich, former telecommunicator at Rockingham County Sheriff's Office in Brentwood, New Hampshire, on why she is passionate about telecommunicator mental health – I am passionate about telecommunicator mental health because I don't want someone to have to go through what I have for so long, without recognizing the signs and symptoms of depression. Agencies need to implement mental health and stress management training. This needs to be one of the first items to be trained on, and not just a couple of paragraphs. Telecommunicators need to be invited and encouraged to attend critical incident stress debriefings to get some sort of closure from a call. The first part of processing and coping with a call is to talk about it. You need to ensure your shift leaders/supervisors are trained to recognize signs of an employee struggling. This is your first step to recognizing signs of burnout, compassion fatigue and PSTD.

Louise about her struggle – I never told my family or my kids about work, even as grownups, or about how my shift went. I began drinking, a lot. It was what all of us used to do. I think we did it to quiet the voices and screams in our head, at least that was why I drank. Drinking masked my need for help. The hardest step for me was the first, recognizing I needed help. It is comforting to know that mental health is being taken seriously. This will hopefully be the turning point to help prepare and retain new hires as well as seasoned employees.

Julie about the effects of PTSD on the working environment – Work is a revolving door. It is hard to put time and effort into people, harder when they are exposed to so much negativity from people being worked to death. I feel if there is more mental health awareness the stigma will be gone and people will seek help. It was hard for me to go get help and have my workers comp claim denied. This causing secondary trauma while I was trying to deal with the initial stages of PTSD known as acute stress. I'm still struggling months later. I see lots of telecommunicators on social media platforms like Snapchat self-medicating, lots of drinking and Xanax use openly posted. We are constantly working 60+ hour weeks with forced shifts and short turnaround times. My coworkers turned on me quickly. I believe my coworkers were lashing out from fear, guilt and extra workload. I'm a go getter, handle pursuits, shots fired, etc. This phone call pulled the rug out from under me. I'm the Queen Bee, and the rug got pulled out from under *me*. With that, I think it shook the confidence of others. Many checked on me only to then ask, "When are you coming back? What's wrong? Why can't you get over it?" When I finally asked about EAP, I discovered the supervisor hadn't even told the boss about the call or what happened to me. The director later told me "I saw that you had changed but didn't say

anything." All the supervisors on the floor know me as well and none of them said anything. Our culture is not to say anything, because needing help means you are weak; that is definitely a 9-1-1-culture issue.

Mythara Maroon, a public safety telecommunicator says – I am passionate about telecommunicator mental health because the better we take care of each other and ourselves we will last longer and have the desire to perform. I became aware of my issue when I started having panic attacks answering the phone. I ended up having a seven-day treatment at West Coast Post-trauma Retreat (<http://www.frsn.org/retreats/wcpr>) (WCPR), and now I have ongoing support. I would suggest to anyone experiencing issues don't wait, reach out, be self-aware and take care of yourself first because you can't take care of others until you do.

Nanci Tatum shares – I dispatched for 33 years prior to retiring in 2017. I was diagnosed with severe depression in 2003-2004 (PTSD wasn't really a thing for us back then). I was not officially diagnosed with PTSD until 2016. I worried a lot. I was so used to seeing how things could suddenly end tragically that I worried non-stop for my kids, family and loved ones. I'd also have anxiety for large gatherings of people since they are target rich environments for terrorists or the errant person having a psychotic episode. I want people to know that PTSD is possible with each phone call you answer, each radio transmission you handle. PTSD is survivable! The brain is an amazing thing and it is possible to work through it *with help!* I am retired now and teach high school seniors emergency dispatching!

Bernie, who was actually diagnosed after his time in Iraq and then became a telecommunicator later, describes the cumulative stress we deal with in dispatch – During the eight years I have worked in this career field I have personally taken calls for violent robberies, shootings, stabbings, completed suicides to include involving children. The number of found dead persons from either age, overdose or other means I can scarcely count. Probably about half a dozen suicide contemplations either talked off the edge or kept occupied until someone gets on scene with them. I have witnessed some of my coworkers take similar calls, some with more time, some with less. I believe both were offered counseling. One went, the other was forced to go. I have never been because of any incident here. I had to come to the understanding that I was not disabled or broken in some way. I had gone through a difficult and traumatic string of events, but it wasn't a monster; it had a name and could be tamed. I may never have any more difficulty than I do now or something may trip me up tomorrow. It is like an addiction. Stay alert and aware, don't wait till the water gets too high in your boat before you ask for help to bail it out. I guess that is the thing; no one outside of the business knows what you are talking about — not without the backstory. That is the hardest part of any profession that in and of itself is traumatic. People are more interested in the trip we are going on, not the baggage we are carrying, how great the job sounds, but not the price we pay for having it.

Tracy Eldridge, former chief public safety telecommunicator and now working at RapidSOS, with her thoughts on PTSD – I spent a lot of time trying to find the right treatment. Don't give up if something doesn't work. If you know that you are having issues, one treatment may not be what works. I started with talk therapy and went through multiple therapists. I just wasn't able to find the right one. Then I was introduced to EMDR. That treatment broke through for me. My PTSD came from a place in my history before my dispatch career but carried over into it and caused additional issues. I recommend trying to find the right treatment; bottom line is do something. Many times people know something is wrong, but are afraid to admit it, ashamed to admit it or don't think it will get better. *It's ok to not be ok.* If you get help, you can stay in the profession you love. Biggest mistake we make in life and in the ECC is to not allow ourselves to feel what we need to in the moment. Bringing it out and looking at it and understanding it and knowing why you felt that way helps. EMDR disconnects the emotions you feel from the past event. That way, going forward, if a similar event happens, that emotion would no longer manifest based on a past event. EMDR was life changing and lifesaving for me. Get help, even if you don't think you need it. I think we all could use a little help. I always say, "Get a checkup from the neck up." We need these, just like we need regular physicals. We don't focus enough on mental health, we need to get better at that. Best thing I did for myself was being vocal about my struggle. Sharing my story has not only helped other people but helped me. Once I shared my story people started coming to me and sharing their stories. I then knew I wasn't alone. *You aren't alone either.*

PTSD and stress in general are a part of dispatch and a part of life. If you were in a car accident and broke your leg what would you do? Go to the hospital and get treated, of course! Mental health injuries should be no different, PTSD included. Be there for your coworkers and if you think PTSD, burnout or acute stress may be affecting you, go see a professional and GET HELP!

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